

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: LAYERED STRUCTURES FOR OPTICAL
REFLECTORS

Attorney Docket Number:: 040092-028700US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Chang
Middle Name::
Family Name:: Wei
Name Suffix::
City of Residence:: Niskayama
State or Province of Residence:: NY
Country of Residence:: US
Street of Mailing Address:: 1013 Northwood Court
City of Mailing Address:: Niskayama
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 12309

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Barry
Middle Name:: Lee-Mean
Family Name:: Yang
Name Suffix::
City of Residence:: Dublin
State or Province of Residence:: OH
Country of Residence:: US
Street of Mailing Address:: 7759 Wryneck Drive
City of Mailing Address:: Dublin
State or Province of mailing address:: OH

Country of mailing address:: US
Postal or Zip Code of mailing address:: 43017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yiqun
Middle Name::
Family Name:: Pan
Name Suffix::

City of Residence:: Brookfield
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 18115 Lakeview Drive, Apt. 101
City of Mailing Address:: Brookfield
State or Province of mailing address:: WI
Country of mailing address:: US
Postal or Zip Code of mailing address:: 53045

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::